

COMMONWEALTH OF PENNSYLVANIA
CAMPAIGN FINANCE STATEMENT

File this in lieu of a full report only if aggregate receipts, expenditures, or liabilities incurred each did not exceed \$250.00 during the reporting period.

FILER IDENTIFICATION NUMBER		REPORT FILED ON BEHALF OF		CANDIDATE <input checked="" type="checkbox"/>	COMMITTEE <input type="checkbox"/>	LOBBYIST <input type="checkbox"/>												
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST <i>KATHY DANKOMATZ</i>																		
STREET ADDRESS <i>612 W. 2nd ST #304</i>																		
CITY <i>ERIE</i>			STATE <i>PA</i>		ZIP CODE <i>16507</i>													
TYPE OF REPORT (CHECK ONE) 1. 6TH TUESDAY PRE-PRIMARY 2. 2ND FRIDAY PRE-PRIMARY 3. 30 DAY POST-PRIMARY 4. 6TH TUESDAY PRE-ELECTION 5. 2ND FRIDAY PRE-ELECTION 6. 30 DAY POST-ELECTION 7. ANNUAL REPORT <input checked="" type="checkbox"/>	NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY	DATE OF ELECTION MO. DAY YEAR													
	DATES OF REPORTING PERIOD				FOR OFFICE USE ONLY													
	<table border="1" style="display: inline-table;"> <tr><td>MO.</td><td>DAY</td><td>YEAR</td></tr> <tr><td>11</td><td>28</td><td>17</td></tr> </table> TO <table border="1" style="display: inline-table;"> <tr><td>MO.</td><td>DAY</td><td>YEAR</td></tr> <tr><td>12</td><td>31</td><td>17</td></tr> </table>		MO.	DAY	YEAR	11	28	17	MO.	DAY	YEAR	12	31	17			<div style="writing-mode: vertical-rl; transform: rotate(180deg);"> 2018 JAN 26 AM 8:28 OFFICE OF CAMPAIGN FINANCE </div>	
	MO.	DAY	YEAR															
	11	28	17															
	MO.	DAY	YEAR															
	12	31	17															
CASH BALANCE AT END OF REPORTING PERIOD: \$ <u>10,180.85</u>																		
TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <u>0</u>																		
<table border="1" style="display: inline-table;"> <tr> <td>AMENDMENT REPORT?</td> <td>YES</td> <td>NO</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>TERMINATION REPORT?</td> <td>YES</td> <td>NO</td> <td><input checked="" type="checkbox"/></td> </tr> </table>				AMENDMENT REPORT?	YES	NO	<input checked="" type="checkbox"/>	TERMINATION REPORT?	YES	NO	<input checked="" type="checkbox"/>							
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TERMINATION REPORT?	YES	NO	<input checked="" type="checkbox"/>															

AFFIDAVIT SECTION

PART I -

If statement is filed on behalf of a Political Committee or Candidates's Committee, the Treasurer must sign here.
 If statement is filed on behalf of a Candidate, the Candidate must sign here.
 If statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.

I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS REPORT IS TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.			
SWORN TO AND SUBSCRIBED BEFORE ME THIS <i>26th</i> DAY OF <i>January</i> 20 <i>18</i> <i>Donna Will</i> SIGNATURE MY COMMISSION EXPIRES <i>4-3-19</i> MO. DAY YR.		SIGNATURE OF PERSON SUBMITTING REPORT <i>KATHY DANKOMATZ</i> PRINTED NAME <i>814</i> <i>392-0827</i> AREA CODE DAYTIME TELEPHONE NUMBER	

PART II -

If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must sign here.

I SWEAR (OR AFFIRM) THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THIS POLITICAL COMMITTEE HAS NOT VIOLATED ANY PROVISIONS OF THE ACT OF JUNE 3, 1937 (P.L. 1333, No. 320) AS AMENDED.			
SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____ 20____ _____ SIGNATURE MY COMMISSION EXPIRES _____ MO. DAY YR.		SIGNATURE OF CANDIDATE _____ PRINTED NAME _____ AREA CODE DAYTIME TELEPHONE NUMBER	

Department of State • Bureau of Commissions, Elections and Legislation
 210 North Office Building • Harrisburg, PA 17120-0029 • (717) 787-5280